



November 24, 2008

Kentucky Pollution Discharge Elimination System Branch  
Division of Water  
Kentucky Department for Environmental Protection  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, KY 40601

Subject: **KPDES Permit Renewal Application**  
Federal Materials Company - Paducah Plant  
2425 Wayne Sullivan Drive  
Paducah, Kentucky  
**Permit No. KYO104329**

Project No.: 304-01-1141

Dear Permit Reviewer:

Please find enclosed the permit renewal application for the above referenced facility. Enclosed with this renewal application are the following:

- KPDES Form 1,
- KPDES Form SC,
- Site topographic map,
- Site plan showing outfall location, and
- Application fee check in the amount of \$200.

Should there be any questions, please do not hesitate to contact us at Shield Environmental Associates, Inc. at (859) 294-5155.

Sincerely,

**SHIELD ENVIRONMENTAL ASSOCIATES, INC.**

A handwritten signature in dark ink, appearing to read "Mark P. Saliga".

Mark P. Saliga, P.E.  
Principal/Sr. Environmental Engineer

A handwritten signature in dark ink, appearing to read "Amanda L. Burden".

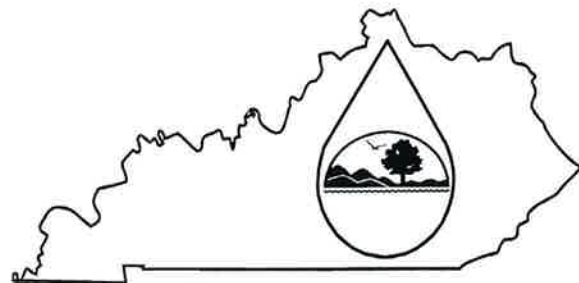
Amanda L. Burden, E.I.T.  
Project Engineer

cc: Josh Brown – Federal Materials Company

948 Floyd Drive  
Lexington, KY 40505  
Telephone 859.294.5155  
Fax 859.294.5255  
[www.shieldenv.com](http://www.shieldenv.com)

# KPDES FORM 1

AI# 43647



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE		0104329	
A. Name of Business, Municipality, Company, Etc. Requesting Permit Federal Materials Company					
B. Facility Name and Location			C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.		
Facility Location Name: Federal Materials Company - Paducah Plant			Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Josh Brown		
Facility Location Address (i.e. street, road, etc., not P.O. Box): 2425 Wayne Sullivan Drive			Mailing Address: 2425 Wayne Sullivan Drive		
Facility Location City, State, Zip Code: Paducah, KY 42003			Mailing City, State, Zip Code: Paducah, KY 42003		
D. Owner's name (if not the same as in part A and C):			Facility Contact Telephone Number: (270) 442-5496		
Owner's Mailing Address:			Owner's Telephone Number (if different):		
<b>II. FACILITY DESCRIPTION</b>					
A. Provide a brief description of activities, products, etc: Ready Mix Concrete Plant					
B. Standard Industrial Classification (SIC) Code and Description					
Principal SIC Code & Description:		3273			
Other SIC Codes:					

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: McCracken	City where facility is located (if applicable): Paducah
C. Body of water receiving discharge: City of Paducah Storm Sewer	
D. Facility Site Latitude (degrees, minutes, seconds): 37deg 03min 43sec	Facility Site Longitude (degrees, minutes, seconds): -88deg.34min 46sec
E. Method used to obtain latitude & longitude (see instructions):	Interpolation - map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 041565466	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0104329

Issue Date of Current Permit:

5/16/2005

Expiration Date of Current Permit:

4/30/2009

Number of Times Permit Reissued:

1

Date of Original Permit Issuance:

10/15/2001

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	Source ID# 21-033-00037 Exp. 9/20/2016	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Josh Brown, Federal Materials Corporation

DMR Official Telephone Number:

270-442-5496

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Shield Environmental Associates, Inc. - Attn: Amanda Burden

DMR Mailing Address:

948 Floyd Drive

DMR Mailing City, State, Zip Code:

Lexington, KY 40505

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Small Non-POTW

Filing Fee Enclosed:

\$200

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

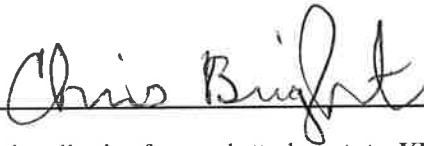
NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Chris Bright - President/CEO

TELEPHONE NUMBER (area code and number):

(270) 442-5496

SIGNATURE

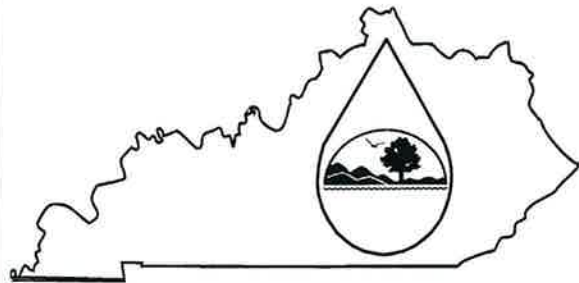


DATE:

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

# KPDES FORM SC

AI 43647



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Federal Materials Company - Paducah Plant											
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE	0	1	0	4	3	2	9
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				Dependent upon rainfall and level of production							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): N/A											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				MGD							

III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	03	43	-88	34	46	Tennessee River via City of Paducah Storm Sewer
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic Map Coordinates			

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Storm Water	Intermittent	None	
	Truck Wash Out / Plant Water	Batch Discharge 3,000 gal. per event. Average one discharge event every 3 days	3 Stage Sedimentation Pit and batch Hydrochloric Acid Treatment	1-U, 2-K

**V. Check the type(s) of wastewater discharged.**

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☒ Other (list): Industrial Process - Concrete Washout and Storm Water

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake:  
☐ Publicly-owned treatment works (POTW).      Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	none	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents		
Give average duration of bypass		
Give average volume per incident		
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:		
Give average duration of overflow:		
Give average volume per incident:		

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	
Give the average duration of each discharge	
List month(s) when the discharge occurs	

<b>X. AREA SERVED (see instructions)</b>	
<b>NAME</b>	<b>ACTUAL POPULATION SERVED</b>
<b>TOTAL POPULATION SERVED</b>	

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS	80 MG/L	40 MG/L	1
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE	15 MG/L	10 MG/L	1
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW	10 GPM	10 GPM	1
pH	9 SU	7.5 SU	7
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

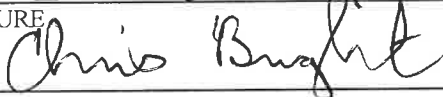
TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐ Chris Bright - President/CEO

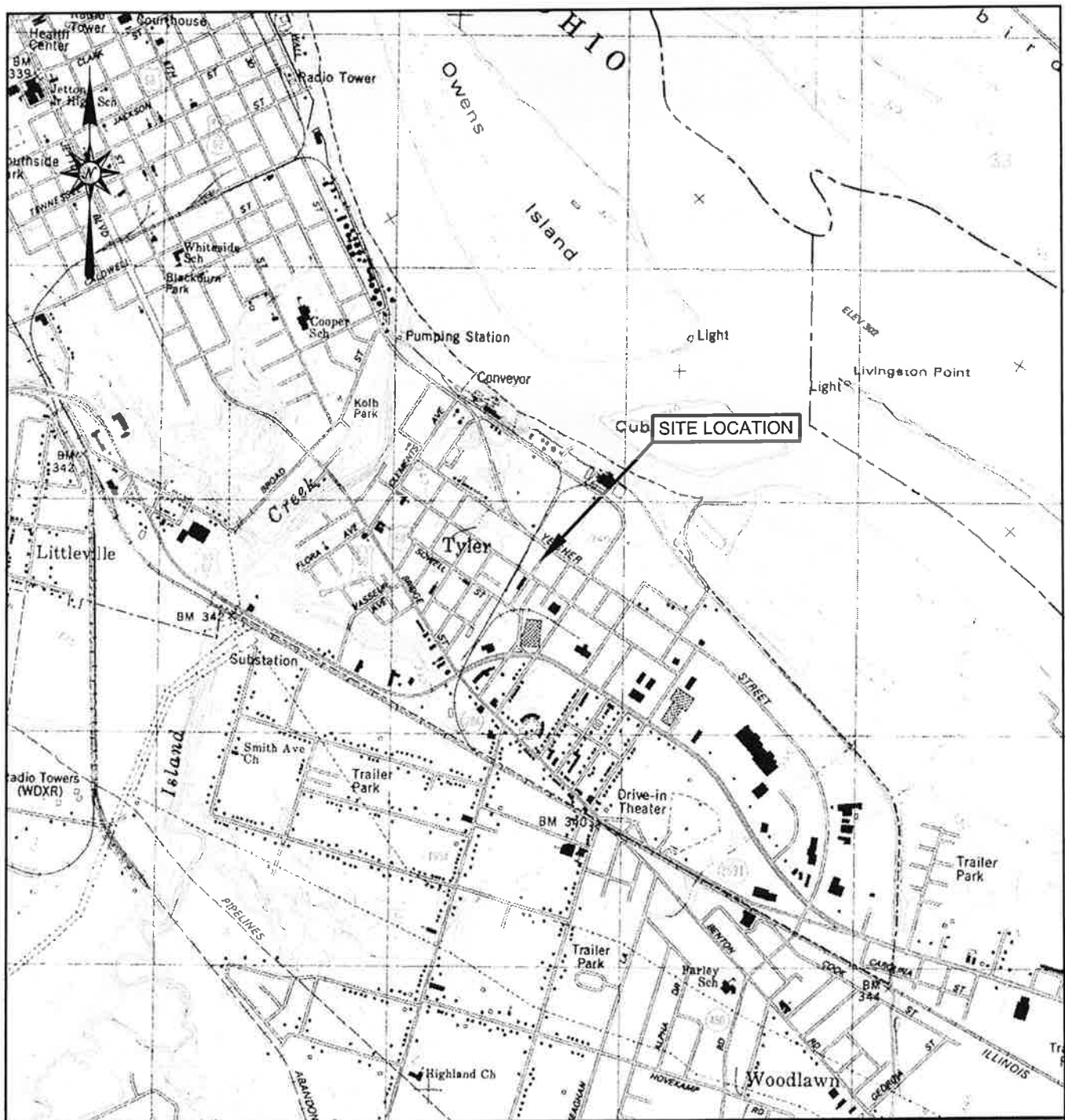
(270) 442-5496

SIGNATURE

DATE







SOURCE: USGS 7.5' TOPOGRAPHIC QUADRANGLE MAP  
PADUCAH EAST, KY-IL 1982



NOVEMBER 2008

PROJECT NO: 304-01-1141  
DRAWN BY: AB  
APPROVED BY: MPS

FIGURE 1  
TOPOGRAPHIC MAP  
FEDERAL MATERIALS COMPANY  
2425 WAYNE SULLIVAN DRIVE  
PADUCAH, KY



948 Floyd Drive  
Lexington, KY 40505  
(859) 294-5155

